

Harrisburg Human Relations Commission  
Use only

Docket No. \_\_\_\_\_  
EEOC No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

**IN-8 FORM**

**NON-PROMOTION/TRANSFER QUESTIONNAIRE**  
**Questionnaire on the incident you are complaining about.**

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**Caution:** Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Number of employees who work at the organization named above. Please check one.

Less than 4 \_\_\_\_\_ 15 to 100 \_\_\_\_\_ 201 to 500 \_\_\_\_\_ Unknown \_\_\_\_\_

4 to 14 \_\_\_\_\_ 101 to 200 \_\_\_\_\_ 501 plus \_\_\_\_\_

Name and address of person who will know how to contact you and who does not reside in your home.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

|                                          |                                          |                                                              |                                        |
|------------------------------------------|------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Sex             | <input type="checkbox"/> Ancestry        | <input type="checkbox"/> Age (40-70)                         | <input type="checkbox"/> Date of Birth |
| <input type="checkbox"/> Race            | <input type="checkbox"/> National Origin | <input type="checkbox"/> Use of guide dog or support animal  |                                        |
| <input type="checkbox"/> Color           | <input type="checkbox"/> GED             | <input type="checkbox"/> Sexual preference/Orientation       |                                        |
| <input type="checkbox"/> Religious Creed | <input type="checkbox"/> Retaliation     |                                                              |                                        |
| <input type="checkbox"/> Place of Birth  | <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Non-job related handicap/disability |                                        |
| <input type="checkbox"/> Familial Status |                                          | identify your disability _____                               |                                        |

\_\_\_\_\_

\_\_\_\_\_

3. How and when did you find out about the job in question? \_\_\_\_\_

\_\_\_\_\_

4. Date of your application for the job? \_\_\_\_\_

5. How did you apply?

|                                      |                                                 |
|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Letter      | <input type="checkbox"/> Bid Sheet              |
| <input type="checkbox"/> Application | <input type="checkbox"/> Asking your Supervisor |

\_\_\_\_ Other, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you applied in writing and still have a copy of your application, please return it with this questionnaire.

6. Was there more than one opening for the job?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. What was your understanding of the requirements of each job for which you applied?

\_\_\_\_\_

\_\_\_\_\_

8. If applicable, under what conditions and requirements can one transfer? Please cite any applicable sections of the union contract or civil service procedures, and provide us with a copy of the section cited if you are able.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is there a written job description? Please provide a copy if you are able.

\_\_\_\_\_

\_\_\_\_\_

10. Were you interviewed: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, describe the person (s) if the name(s) is/are not known \_\_\_\_\_

Date of Interview \_\_\_\_\_ Job Title \_\_\_\_\_

By (Name) \_\_\_\_\_ **CLASS** \_\_\_\_\_

11. What did the person(s) ask you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What did the person(s) tell you? \_\_\_\_\_

\_\_\_\_\_

13. What were your qualifications for the job? Please check all that apply.

a. Length of Service \_\_\_\_\_

b. Your Training Service \_\_\_\_\_

c. Your Formal Education \_\_\_\_\_

d. Other \_\_\_\_\_

14. Were you given a trial period on the job for which you applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the trial period, length of time, training and supervision.

15. Did your supervisor recommend you for the promotion or transfer?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. Were you required to complete a test?

Yes \_\_\_\_\_ No \_\_\_\_\_

16a. Were you required to undergo a medical examination?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the result? \_\_\_\_\_

17. How were you notified that you were not selected or granted a transfer? (Verbal, by letter, at the job, etc.). Describe and furnish the date. \_\_\_\_\_

18. What reasons were given to you for not being selected? \_\_\_\_\_

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19. What is your answer to the reason(s) given you for not being selected for the promotion or transfer? (If what was said was not true, explain what was inaccurate. If the reason was not a misstatement of facts, explain what it is that leads you to think it was not the real reason). \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
20. Do you know who made the final decision not to promote or transfer you?
- Yes \_\_\_\_\_ No \_\_\_\_\_
- Name \_\_\_\_\_ Job Title \_\_\_\_\_
- CLASS \_\_\_\_\_ Unit/Department \_\_\_\_\_
21. Who received the job(s) for which you applied? If you do not know the person's full name, tell us whatever you can about the person that would help to identify him/her.
- a. Name \_\_\_\_\_
- CLASS \_\_\_\_\_ Job Title \_\_\_\_\_
- b. Name \_\_\_\_\_
- CLASS \_\_\_\_\_ Job Title \_\_\_\_\_
- c. Name \_\_\_\_\_
- CLASS \_\_\_\_\_ Job Title \_\_\_\_\_
22. To the best of your knowledge, do you know of any way in which the person or persons selected for the job was/were not qualified or were less qualified than you? Please explain.
- a. \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
- c. \_\_\_\_\_
- \_\_\_\_\_
23. Do you know of any other employees who applied for the same job(s) and who, like you, were also not selected?
- Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list them.

- a. Name \_\_\_\_\_  
Job Title/Dept. \_\_\_\_\_  
CLASS (Race, Sex, Age, Religion, National Origin) \_\_\_\_\_
- b. Name \_\_\_\_\_  
Job Title/Dept. \_\_\_\_\_  
CLASS (Race, Sex, Age, Religion, National Origin) \_\_\_\_\_
- c. Name \_\_\_\_\_  
Job Title/Dept. \_\_\_\_\_  
CLASS (Race, Sex, Age, Religion, National Origin) \_\_\_\_\_
24. Please describe the CLASS of the person(s) who presently holds the job(s) for which you applied.
- Name \_\_\_\_\_  
Title/Dept. \_\_\_\_\_ Supervisor \_\_\_\_\_  
CLASS \_\_\_\_\_
- Name \_\_\_\_\_  
Title/Dept. \_\_\_\_\_ Supervisor \_\_\_\_\_  
CLASS \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 25, 26 AND 27****IF THEY ARE APPLICABLE TO YOUR SITUATION.**

25. How often were you evaluated by your employer? \_\_\_\_\_  
Who evaluated you the last time?  
Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Unit/Department \_\_\_\_\_  
CLASS \_\_\_\_\_
26. What was your evaluation rating?  
Above Average \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_ Other \_\_\_\_\_

If Other, please explain: \_\_\_\_\_

27. Have you ever received warnings about violations of company rules or poor performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the warning(s) \_\_\_\_\_

Who gave the warning(s) to you? \_\_\_\_\_

When were you given the warnings(s) \_\_\_\_\_

Were they in writing? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the warning(s) for? \_\_\_\_\_

28. Are there any people who have specific information about your being denied the transfer or promotion?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for each person please provide the following information, using the Continuation Page if needed.

a. Name \_\_\_\_\_ Job Title \_\_\_\_\_

Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_

Home Telephone Number ( ) \_\_\_\_\_

Did he/she directly observe your work habits? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Name \_\_\_\_\_ Job Title \_\_\_\_\_

Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_

Home Telephone Number ( ) \_\_\_\_\_

Did he/she directly observe your work habits? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Name \_\_\_\_\_ Job Title \_\_\_\_\_

Unit/Dept. \_\_\_\_\_ Shift \_\_\_\_\_



Home Telephone Number ( )

Did he/she directly observe your work habits? Yes \_\_\_\_\_ No \_\_\_\_\_

29. For each person listed in Question 28, please indicate exactly what information they can provide the Commission.

a. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. Have you previously been denied a transfer or promotion by the same employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the dates for all earlier rejections.

\_\_\_\_\_

\_\_\_\_\_

Who else applied for these earlier transfers or promotions?

Name \_\_\_\_\_ CLASS \_\_\_\_\_

Name \_\_\_\_\_ CLASS \_\_\_\_\_

Who was selected for these earlier transfers or promotions?

Name \_\_\_\_\_ CLASS \_\_\_\_\_

Name \_\_\_\_\_ CLASS \_\_\_\_\_

31. Are you a union member?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name of your union?

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_ ( ) \_\_\_\_\_ Business Agent \_\_\_\_\_

32. Did you file a grievance regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

33. Are you a civil service employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

Did you file a civil service complaint regarding the above problem?

Yes \_\_\_\_\_ No \_\_\_\_\_

What is/was the status of your civil service complaint, if applicable?

\_\_\_\_\_

\_\_\_\_\_

34. Have you filed a complaint about this matter with any other commission or agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify the commission agency and the date you filed, to the best of your recollection.

Commission or Agency \_\_\_\_\_

Date Complaint Filed \_\_\_\_\_

Docket Number, If Known \_\_\_\_\_

35. Have you taken any court action regarding this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please specify in what court and the date you filed to the best of your recollection.

Name of Court \_\_\_\_\_

Date Action Filed \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

36. Do you still wish a transfer or promotion to the job for which you applied?

Yes \_\_\_\_\_ No \_\_\_\_\_

If there are other facts you feel should be considered, record these on the last page of the questionnaire (**Continuation Page**)

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
( )

\_\_\_\_\_  
Telephone Number

**CONTINUATION PAGE**

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

[illegible]